D1 141 D 1 - 1	O	• • • • • • • • • • • • • • • • • • • •
Disposition Recorded:	Screening Result:	Case #:
Disposition recorded.	Oci cerini q result.	σ

OFFICE OF BACKGROUND INVESTIGATIONS (OBI) REQUEST FOR CRIMINAL BACKGROUND INVESTIGATION

CHILDREN'S RESIDENTIAL FACILITIES

(EMPLOYEES, VOLUNTEERS AND SERVICE PROVIDERS)

MA	IL REQUEST FORM	I, 1 FINGERPRINT CARD AN		DATE RECEIVED BY OBI					
	ginia Department o								
		Investigations (OBI)							
	1 East Main Street,								
Ric	hmond, VA 23219								
	NTACT INFORMATI								
Ph	one Numbers:	(804) 726-7092							
		(804) 726-7096							
-	v Nivanda a uv	(804) 726-7066							
	Fax Number: (804) 726-7095 Email: backgrounds@dss.virginia.gov								
	Email: <u>backgrounds@dss.virginia.gov</u> Website: <u>http://www.dss.virginia.gov</u>								
===	=======================================	<u>nttp://www.uss.virgini</u>	<u>u.gov</u> =======	======		=======			
PEI	RSONAL DATA:								
1	LAST NAME:		FIRST NAME:			MID	DLE NAME:		
١.	LAGI NAME.		TINOT NAME.			WILD	DEL IVANIE.		
								_	
	LIST ALL OTHE	R NAMES CURRENTLY OR	PREVIOUSLY (JSED (MA	IDEN/ FOR	MER MARRI	ED/RELIGIOUS, ETC.)	:	
	(ANY NAMES	LISTED BELOW SHOULD ALSO	D BE SHOWN IN	THE ALIAS	ES SECTIO	N OF THE FIN	GERPRINT CARD)		
								_	
2	SOCIAL SECURITY	/#: 3. DATE OF BIRTH:	4 G	ENDER:	5	RACE:	6. COUNTRY/ST	ATF	
	OGGINE GEGGINI I	". O. DATE OF BIRTH.	1. 0	LNDLN.	O.	II/IOL.	OF BIRTH		
					-				
7.	REASON FINGER	PRINTED: (Circle One)	Applicant	Volunt	<u>eer</u>				
FA	CILITY DATA:								
1.	FACILITY NAM	ME/ADDRESS:		2. a.	REGULA	TORY AGEN	ICY: (Circle One)		
					Social Se		Department of Behavio	oral Health	
					<u>300iai 36</u>	IVICES	Department of Benavio	<u>Jiai i leailii</u>	
				b.	FACILIT'	Y ID NUMBE	R:		
_		IT 4 0T DED0044		J.					
3.	FACILITY CON	NTACT PERSON:							
	Print Backa	round Contact Name	/	9	ignature of	Background (Contact	-	
	i iiii backg	TOUTH COTHACT NATHE		3	ignature or	Dackground (Jonaci		
4.	TELEPHONE I	NUMBER: ()		5.	DATE OF	REQUEST:			
		•							
**7	THE FACILITY SHO	ULD MAIL ALL INFORMATION	ON TO OBI.						